

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10722719

FILING DATE

11-26-03

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		2				
6		2				
7		2				
8		1				
9		1				
10		1				
11		1				
12	1					
13		1				
14		1				
15		1				
16		1				
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48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	20					
TOTAL CLAIMS	22					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						